

EMPLOYEE COMPLAINT/RESOLUTION

Complaint Name: _____	Name of Person Taking Report: _____
Address: _____	
Phone Number: _____	Date Incident Occurred: _____
Date of Complaint <i>(Month/Day/Year):</i> _____	Today's Date <i>(Month/Day/Year):</i> _____

Describe Complaint: _____

☐ Resolved with employee on: ____ / ____ / ____ ☐ Not resolved with employee

Resolution/Response: _____

Reporting Person's Signature

Date

ADMINISTRATIVE USE ONLY

Date Company Received: ____ / ____ / ____ **Date of Discussion with Complainant:** ____ / ____ / ____

By *(Print Name):* _____ **Title:** _____

Company Resolution: _____

Company Representative's Signature

Date *(Month/Day/Year)*